BETHESDA CLARA WERNER

700	HOFFMANN	DDTIJE

WATERTOWN 53094 Phone: (920) 261-3050)	Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	FDDs
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	37	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/03):	37	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	37	Average Daily Census:	37

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/03)	Length of Stay (12/31/03)	8
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 					10.8
Supp. Home Care-Household Services	No	Developmental Disabilities		1			78.4
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	5.4	•	
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	2.7		97.3
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res:	idents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	0.0	65 & Over	8.1		
Transportation	No	Cerebrovascular	0.0			RNs	11.2
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	16.0
Other Services	Yes	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	0.0	Male	73.0	Aides, & Orderlies	59.0
Mentally Ill	No			Female	27.0		
Provide Day Programming for			100.0				
Developmentally Disabled	Yes			1	100.0		
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Method of Reimbursement

		edicare itle 18			Medicaid 'itle 19			Other		P.	rivate Pay	:		amily Care			anaged Care			
Level of Care	No.	οlo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				37	100.0	159	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	37	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		37	100.0		0	0.0		0	0.0		0	0.0		0	0.0		37	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12	/31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	20.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		100.0	0.0	37
Other Nursing Homes	0.0	Dressing	10.8		89.2	0.0	37
Acute Care Hospitals	0.0	Transferring	97.3		2.7	0.0	37
Psych. HospMR/DD Facilities	80.0		81.1			0.0	37
Rehabilitation Hospitals	0.0	Eating	2.7		97.3	0.0	37
Other Locations	0.0	* * * * * * * * * * * * * * * * * * *	*****	*****	*****	******	*****
Total Number of Admissions	5	Continence		용	Special Treat	tments	8
Percent Discharges To:		Indwelling Or Extern	al Catheter	0.0	Receiving F	Respiratory Care	0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinen	t of Bladder	29.7	Receiving 1	Tracheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	0.0	Receiving S	Suctioning	0.0
Other Nursing Homes	0.0				Receiving (Ostomy Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving 1	Tube Feeding	0.0
Psych. HospMR/DD Facilities	60.0	Physically Restraine	d	54.1	Receiving N	Mechanically Altered Diet	s 37.8
Rehabilitation Hospitals	0.0						
Other Locations	40.0	Skin Care			Other Resider	nt Characteristics	
Deaths	0.0	With Pressure Sores		0.0	Have Advanc	ce Directives	0.0
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	5				Receiving E	Psychoactive Drugs	40.5

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

Nursing Care Required (Mean) *

	This Facility		FDD cilities		All ilties
	%	96	Ratio	90	Ratio
ccupancy Rate: Average Daily Census/Licensed Beds	93.8	89.6	1.05	87.4	1.07
arrent Residents from In-County	8.1	33.5	0.24	76.7	0.11
dmissions from In-County, Still Residing	20.0	11.3	1.77	19.6	1.02
dmissions/Average Daily Census	13.5	21.3	0.64	141.3	0.10
ischarges/Average Daily Census	13.5	25.0	0.54	142.5	0.09
ischarges To Private Residence/Average Daily Census	0.0	11.4	0.00	61.6	0.00
esidents Receiving Skilled Care	0.0	0.0	0.00	88.1	0.00
esidents Aged 65 and Older	8.1	15.3	0.53	87.8	0.09
itle 19 (Medicaid) Funded Residents	100.0	99.3	1.01	65.9	1.52
rivate Pay Funded Residents	0.0	0.5	0.00	21.0	0.00
evelopmentally Disabled Residents	100.0	99.4	1.01	6.5	15.40
entally Ill Residents	0.0	0.3	0.00	33.6	0.00
eneral Medical Service Residents	0.0	0.3	0.00	20.6	0.00
mpaired ADL (Mean)*	31.9	53.1	0.60	49.4	0.65
sychological Problems	40.5	50.1	0.81	57.4	0.71

4.7

7.3 0.65

0.43

11.0